

7002 2030 0004 5245 6440

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

**RECEIVED**

SEP 12 2003

SOUTH DAKOTA PUBLIC UTILITIES COMMISSION  
 CT 03-140-141

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Receipt Fee (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_  
 Total Postage & Fee \_\_\_\_\_

Sent To **MR LES SUMPTION**  
**S&S COMMUNICATIONS**  
 125 RAILROAD AVENUE SE  
 ABERDEEN SD 57401

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**MR LES SUMPTION**  
**S&S COMMUNICATIONS**  
**125 RAILROAD AVENUE SE**  
**ABERDEEN SD 57401**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  Addressee

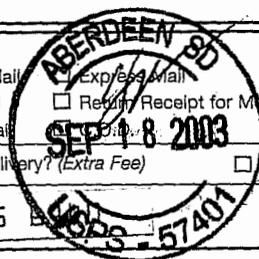
B. Received by (Printed Name)  
*MR LES SUMPTION*

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail

4. Restricted Delivery? (Extra Fee)  Yes



2. Article Number (Transfer from service li) **7002 2030 0004 5245 6440**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540